



STRENGTHENING YOUR COMMUNITIES THROUGH RELATIONSHIP BUILDING

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Newcomer Health

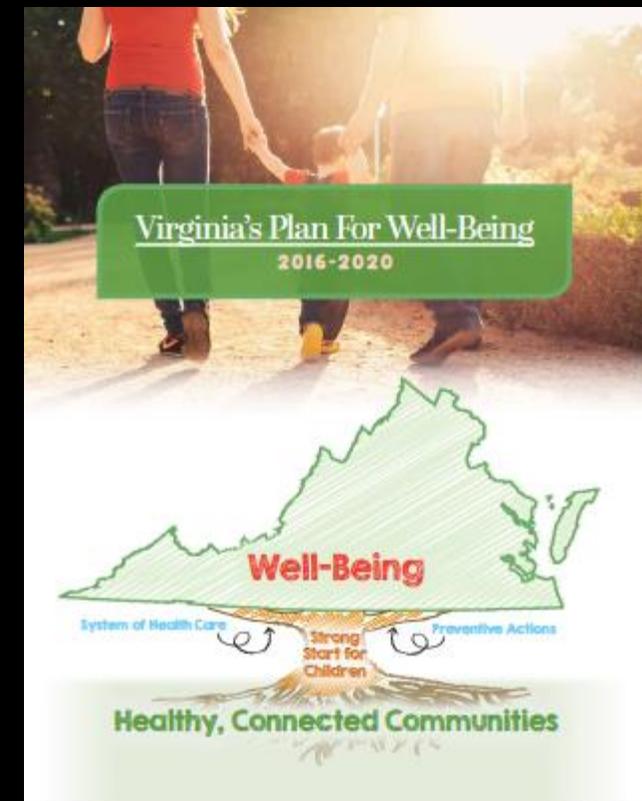
OUTLINE

- Virginia's Plan for Well-being - "The Plan"
- How Does TB Fit Into "The Plan"
- Community Engagement: Working Definition & What to Contemplate in Advance
- Initial Steps for Community Engagement
- Getting the Message Out to Partners: Use Existing Resources
- Time to Brainstorm

VIRGINIA'S PLAN FOR WELL-BEING (THE PLAN)

A framework to guide the development of projects, programs, and policies to advance the health of Virginia's residents.

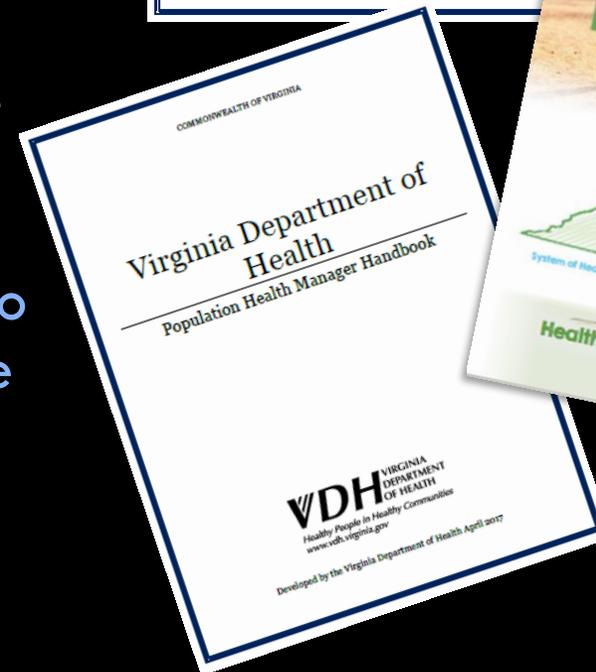
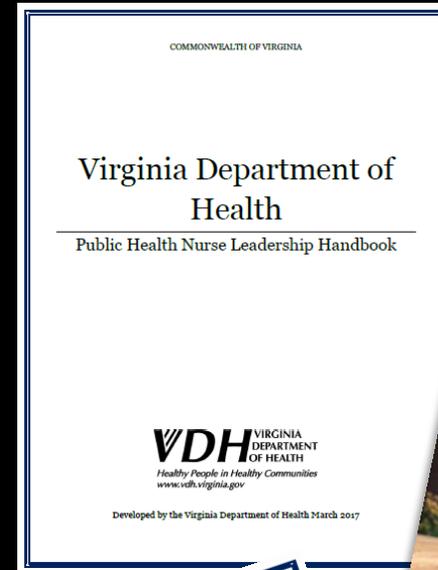
- 13 priority goals
- Identifies key community partners
- The state is committed to tracking health improvements, and reporting annually



THE CHALLENGE

Achieve population health improvements through:

1. Alignment of all sectors of the community.
Government, health care, education, businesses,
and community organizations
2. Focused efforts on issues that matter to people
with corresponding measurable outcomes.
3. Designing communities, policies and processes to
lead to improved outcomes in well-being, while
avoiding unintended unhealthy outcomes.



Where does TB fit into the Population Health Strategy?

The documents address:

- Consumer Opportunity Profile Scores
- Food insecurity
- Tobacco use
- Average years of disability free life
- Conditions that foster well-being
- Chronic conditions
- Cancer
- Vaccines
- Infectious Diseases: C. difficile, HPV





NEED TO DIG BEYOND THE SURFACE

To find portions of
“THE PLAN”
that apply to TB

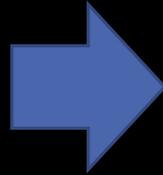
VIRGINIA'S PLAN FOR WELL-BEING

(1)

AIM 1: Healthy Connected Communities

Goal 1.1: Virginia's Families Maintain Economic Stability

By 2020, the percent of cost-burdened households in Virginia ~~(more than 30% of monthly income spent on housing costs)~~ decreases from ~~31.4%~~ to ~~29.0%~~



TUBERCULOSIS

- Multiple studies have examined the financial burden associated with the diagnosis and treatment of TB for patients and their affected families.
- Across the globe, patients pay for direct medical costs & direct non-medical costs (i.e. transportation).
- Many patients experience income loss.
- These costs as a percentage of income are particularly high among poorer / vulnerable patients and those with MDR-TB.
- Consequently, the total cost of TB for patients can be catastrophic – yielding economic instability.

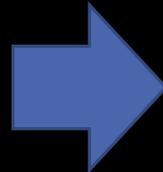
VIRGINIA'S PLAN FOR WELL-BEING

(2)

AIM 3: Preventive Actions

Goal 3.2: Virginia Prevents Nicotine Dependency

By 2020, the percent of adults aged 18 years and older in Virginia who report using tobacco decreases from 21.9% to 12.0%.



TUBERCULOSIS

There are multiple reports pointing to an association between tobacco smoke exposure and increased tuberculosis infection, active disease, severity of disease, and mortality from tuberculosis.

The studies done to date cannot distinguish whether the cause is through direct impairment of anti-tuberculosis immunity by cigarette smoke or due to confounders that increase risk for tuberculosis and are commonly associated with smoking such as poverty, malnutrition, and crowded living conditions.

While additional research is needed – TB patients can benefit from smoking cessation.

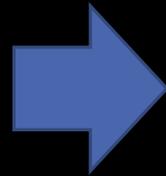
VIRGINIA'S PLAN FOR WELL-BEING

(3)

AIM 3: Preventive Actions

Goal 3.3: Virginians are
Protected Against

Vaccine -Preventable
Diseases



TUBERCULOSIS

While TB is not a vaccine preventable disease (YET!)...

There are a number of preventive actions health departments can take to combat TB, including:

- Prescribing and overseeing LTBI Treatment
- Concerted actions to limit the impact of TB risk factors, including: HIV/AIDS, smoking, malnutrition, alcoholism, diabetes, crowded living conditions, and indoor air pollution.
- Contact Investigations

VIRGINIA'S PLAN FOR WELL-BEING

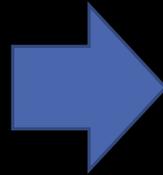
(4A)

AIM 3: Preventive Actions

Goal 3.5: Virginians Have Life-Long Wellness

By 2020, the average years of disability-free life expectancy for Virginians increases from 66.1 years to 67.3 years.

Also, the percentage of adults who report adverse childhood experiences decreases.



TUBERCULOSIS

Long-term follow-up studies in industrialized countries have found that the risk of death in patients completing anti-tuberculosis treatment is high, with mortality rates consistently above those observed in the general population.

In these studies, the relative risk of death was higher in males and younger individuals with TB than in the general population.

VIRGINIA'S PLAN FOR WELL-BEING

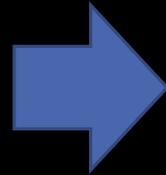
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AIM 3: Preventive Actions

Goal 3.5: Virginians Have Life-Long Wellness

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TUBERCULOSIS

Additional studies have shown that pulmonary TB (PTB) is associated with largely irreversible changes to bronchial and parenchymal structures, leading to distortions in bronchial vasculature, bronchiectasis, emphysema and fibrosis.

A restrictive pattern of lung disease is common and is independent of tobacco smoking.

While pulmonary impairment is more likely after extensive parenchymal involvement, significant declines may also be observed in patients with localized PTB.

2016 - INT J TUBERC LUNG DIS 20(8):1010–1013

VIRGINIA'S PLAN FOR WELL-BEING

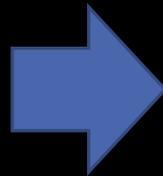
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AIM 4: System of Health Care

Goal 4.1: Virginia has a Strong Primary Care System

By 2020, the rate of avoidable hospital stays for ambulatory care sensitive conditions decreases from 1,294 to 1,100 per 100,000 persons.

Also, the percent of adults who report having one or more days of poor health that kept them from doing their usual activities decreases from 19.5% to 18.0%.



TUBERCULOSIS

Robust contact investigations identify persons with active TB and LTBI, in turn these investigations can help Virginians access care, reduce the number of persons within the state that experience disease progression and eventually present to a hospital for diagnosis and treatment.

Persons with LTBI who initiate & successfully complete prophylactic treatment – do not progress to active disease and experience one or more days of poor health (due to TB) that prevent them from doing their usual activities.

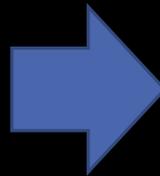
VIRGINIA'S PLAN FOR WELL-BEING

(6)

AIM 4: System of Health Care

Goal 4.3: Health Care-Associated Infections are Prevented and Controlled in Virginia

By 2020, the percentage of hospitals in Virginia meeting the ~~state~~ goal for prevention of hospital-onset ~~Clostridium difficile~~ infections increases ~~from 38.5% to 100%~~.



TUBERCULOSIS

Proper isolation and infection control policies in hospitals is important to prevent nosocomial transmission of *Mycobacterium tuberculosis*.

Reports of contact investigations conducted in a health care setting may be found each year in the medical literature, the Stop TB USA newsletter, or in the media.

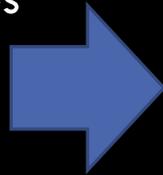
VIRGINIA'S PLAN FOR WELL-BEING

(7A)

AIM 1: Healthy Connected Communities

Goal 1.1: Virginia's Communities Collaborate to Improve the Population's Health

By 2020, the percent of Virginia health planning districts that have established an on-going collaborative community health planning process increases from 43% to 100%.



TUBERCULOSIS

Virtually all episodes of TB are preceded by a period of asymptomatic *Mycobacterium tuberculosis* infection; therefore, identifying infected individuals most likely to progress to disease and treating LTBI to prevent future disease provides a crucial opportunity to interrupt tuberculosis transmission and reduce the burden of TB.

[Lancet 2015 Dec 5;386\(10010\):2344-53](#)

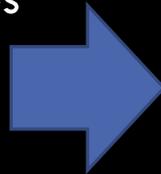
VIRGINIA'S PLAN FOR WELL-BEING

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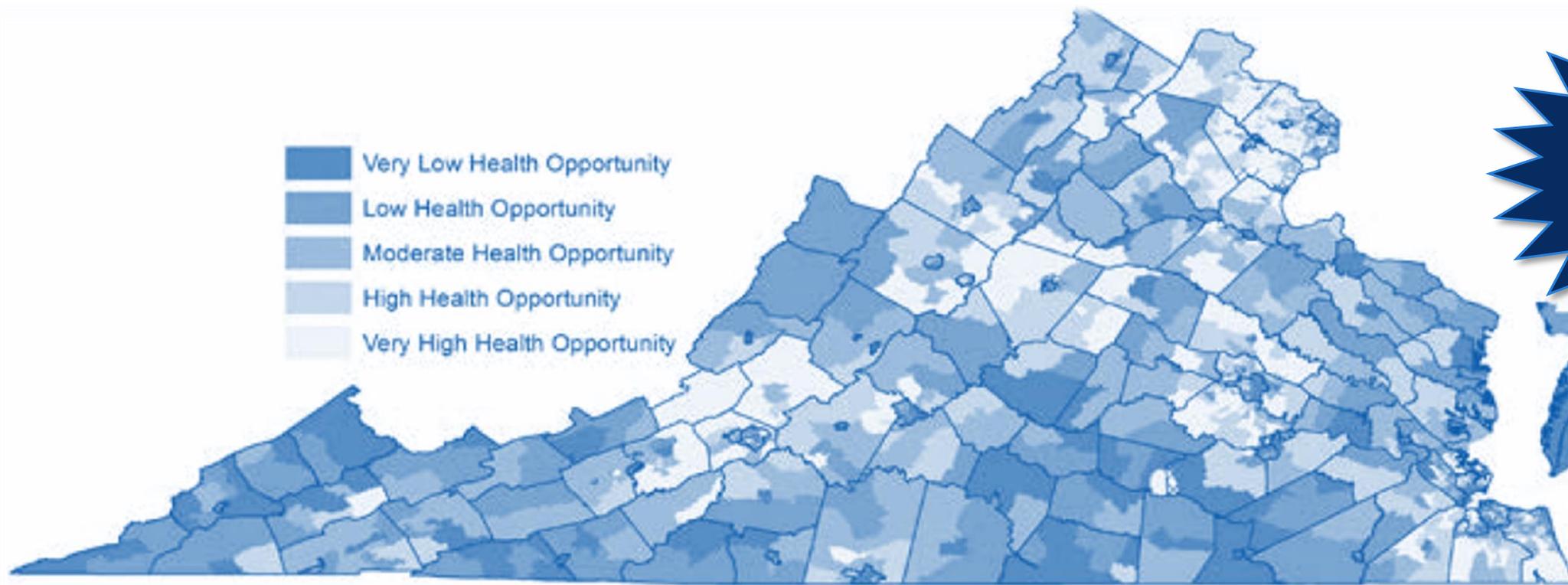


TUBERCULOSIS

Programs focusing on single strategies rather than comprehensive programs that deliver an integrated arsenal for tuberculosis control will struggle to achieve their goals.

Collaboration and community engagement can accelerate TB elimination efforts.

[Lancet 2015 Dec 5;386\(10010\):2344-53](#)



Where
are the
TB Cases?

Health Opportunity Index (HOI) – The HOI is a composite measure comprised of 13 indices that reflect a broad array of social determinants of health

COLLABORATION AND COMMUNITY ENGAGEMENT TO ACCELERATE TB ELIMINATION

The Plan's HOI is a tool to identify areas and populations that are most vulnerable – allowing the state to strategize and target approaches to improve health and well-being.

COMMUNITY ENGAGEMENT: A WORKING DEFINITION

Community engagement entails showing potential partners:

(1) what the issues are;

(2) what you are trying to do about those issues; and

(3) how they can assist you – in order to improve the situation for everyone involved.

BEFORE YOU CAN ENGAGE THE COMMUNITY, YOU NEED TO KNOW:

- What do you want to accomplish?
- What work / help do you need?
- How does the community partner benefit from helping you?... Or doing what you ask of them?
- What can you do for the community partner ... to make the collaboration mutually beneficial?



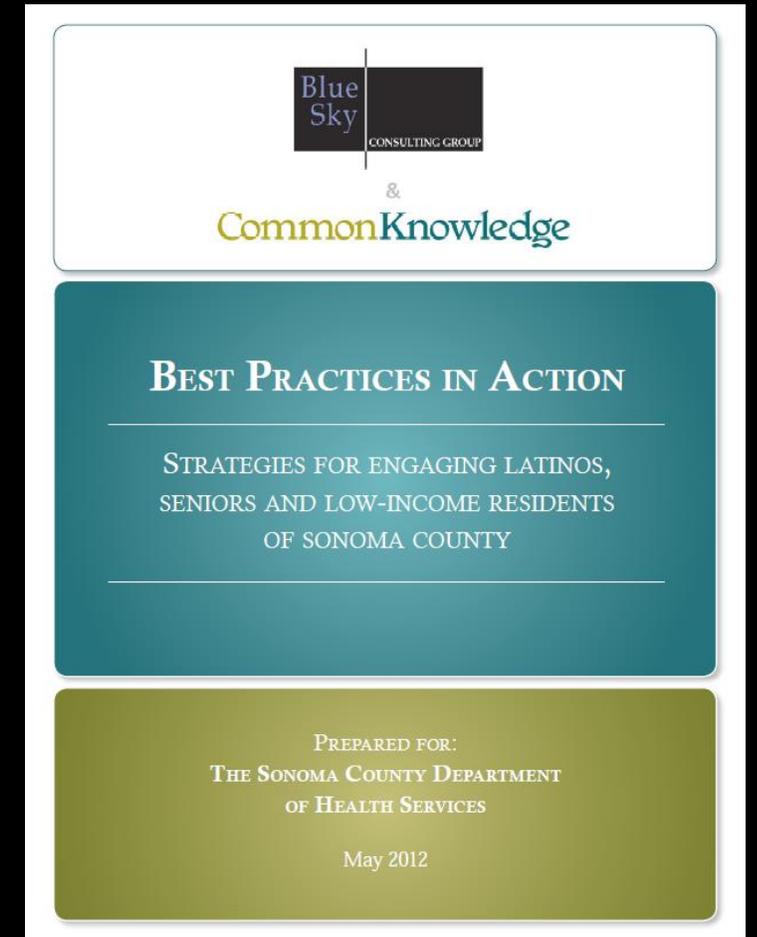
TAKING THE FIRST STEPS |

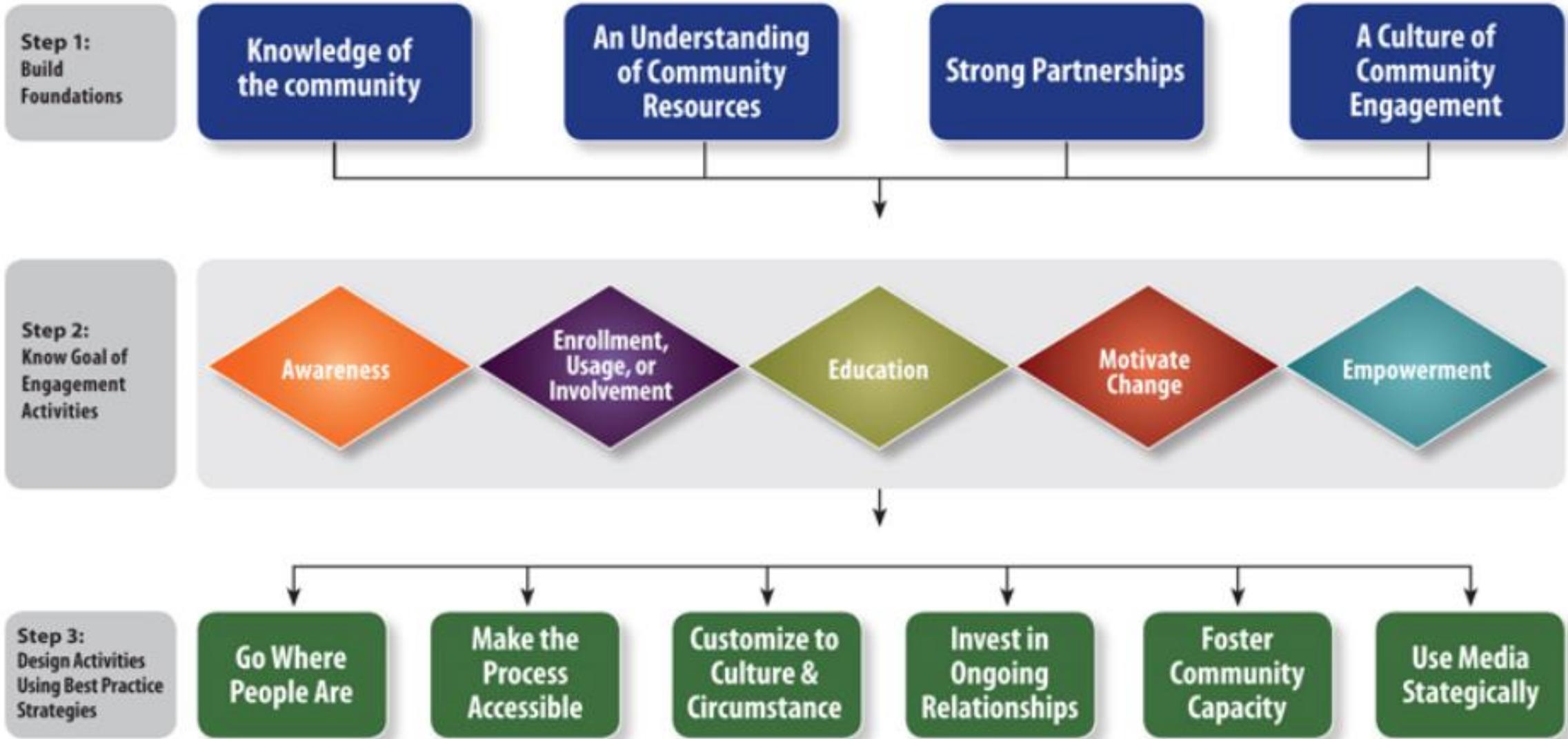
Sonoma County, California has experienced some dramatic demographic shifts over the past ten years, with Latinos, seniors and residents with low income representing a larger portion of the county's population.

As part of its efforts to enhance individual and community health for all county residents, the Sonoma County Department of Health Services (DHS) committed to improving the County's ability to engage with these growing populations.

The county published a Community Engagement report, based on interviews with staff and work accomplished.

The following slides include content from this report and the <http://www.sonoma-county.org/health/community/> initiative's website.





STEP 1: BUILD FOUNDATIONS

KNOWLEDGE OF POTENTIAL COMMUNITY PARTNERS

Think about ...

- What you want to accomplish and how the community partner benefits from working with you?
- What do they value?
- Who are the leaders / key players?
- How do you connect with these leaders? (contact info: phone, e-mail, secretary?)

You can find some of this information using secondary sources (i.e. internet), but a good level of understanding almost always requires direct contact with representatives from the partner organization.

STEP 1: BUILD FOUNDATIONS STRONG PARTNERSHIPS (1)

An essential foundation for community engagement is to be known and accepted as a partner in collaboration.

This requires a commitment to building and maintaining relationships.



STEP 1: BUILD FOUNDATIONS

STRONG PARTNERSHIPS (2)

Creating mutually beneficial relationships with community-based organizations (CBOs) can aid your office/clinic, regardless of its community engagement goals.

- At the most basic level, community groups can refer residents/clients with whom they interact back to your office/clinic for services.
 - These partnerships can help county agencies and community define the most effective roles for each player in a collaboration, reducing duplication and amplifying collective impact.
- Partnership-building efforts can also be useful within the health department.
 - Engaging with other departments outside of programmatic and functional silos allows the entire system to maximize its knowledge, resources, and capabilities.

STEP 1: BUILD FOUNDATIONS

AN UNDERSTANDING OF COMMUNITY RESOURCES (1)

“Stakeholder Analysis”

Effective engagement involves mapping out the organizations/groups:

- Your office/clinic is already engaged with;
- Your office/clinic has established a degree of trust with; and
- Your office/clinic does not have a relationship with, but the organization or group has been connected with recent TB cases (i.e. schools, workplaces, shelters).



STEP 1: BUILD FOUNDATIONS

AN UNDERSTANDING OF COMMUNITY RESOURCES (2)

Knowing the organizations/groups in your community & the services they provide, can help your office/clinic:

- Use trusted communication channels to direct diagnosed TB patients, persons suspected to have TB, persons at risk for TB, and persons with LTBI to valuable community services;
- Ensure services are being used efficiently and effectively;
- Identify potential allies;
- Avoid a duplication of efforts; and
- Avoid over-reliance on the same few partners.



STEP 1: BUILD FOUNDATIONS

AN UNDERSTANDING OF COMMUNITY RESOURCES

The following types of groups in the community should be considered in the stakeholder analysis:

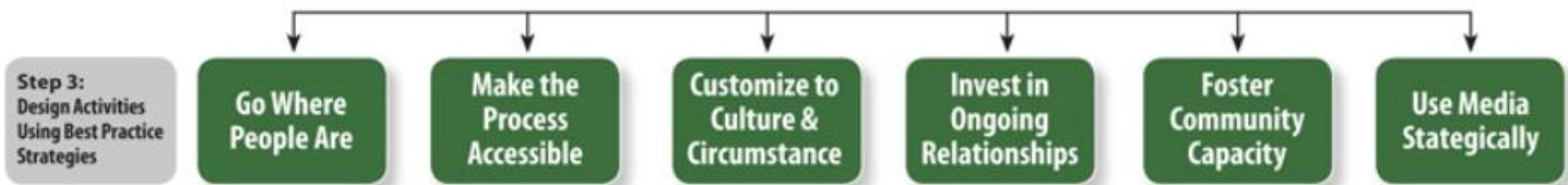
- Not-for-profit community organizations
- Health care providers
- Local, state, and federal government agencies (emphasis on local)
- Schools and other educational institutions
- Advocates and aid organizations
- Faith-based organizations
- Housing providers
- Local businesses and business networks

STEP 1: BUILD FOUNDATIONS

A CULTURE OF COMMUNITY ENGAGEMENT

Although a county health department may dedicate specific staff members to do community engagement, highly effective community engagement efforts are more likely to result when these activities become ingrained in the organization's culture.

If only the departments and staff-members that have a mission to go out into or interact with the community are committed to engagement, the efforts of these select few will be markedly less fruitful than if the entire operation comes to view community engagement as its mission.



STEP 2: COMMUNITY ENGAGEMENT GOALS

Clarifying the goal(s) for community engagement enhances the design of effective engagement activities.

Specific goals for community engagement can be as varied and will depend on the outlook and purpose of your office's/clinic's programs.



STEP 2: COMMUNITY ENGAGEMENT GOALS

Community engagement goals may include the following:

- a) increase awareness of issues, services and opportunities;
- b) increase the use of county services or programs;
- c) educate residents on issues and/or involve them in decision-making;
- d) motivate a change in behavior; and
- e) empower communities to identify and address their own issues and opportunities.

Some see these goals in a continuum, while others find it more useful to think of them discretely.

Regardless, establishing clear goals will enhance the effectiveness of community engagement efforts

STEP 3: DESIGN ACTIVITIES USING BEST PRACTICE STRATEGIES (1)

1. Go Where People Are:

- Reach community partners in locations where they work.
- Reach community members where they already live, work, shop, congregate, or receive services or through people or organizations with whom they have an existing relationship.

STEP 3: DESIGN ACTIVITIES USING BEST PRACTICE STRATEGIES (2)

2. Make the Process Accessible:

Make contacting, enrolling, and engaging with your office/clinic less daunting through single points of entry, integrated paperwork, flexible hours and locations, and informal activities.

STEP 3: DESIGN ACTIVITIES USING BEST PRACTICE STRATEGIES (3)

3. Customize to Culture & Circumstance:

Understand that individuals make choices about where to go and what to do based on cultural values and practices, the circumstances of their whole household, and/or in consultation with other family members.

STEP 3: DESIGN ACTIVITIES USING BEST PRACTICE STRATEGIES (4)

4. Invest in Ongoing Relationships:

Create sustained relationships over months to achieve the desired level of change.

STEP 3: DESIGN ACTIVITIES USING BEST PRACTICE STRATEGIES (5)

5. Use Media Strategically:

Target community newspapers or local radio and television stations that are directly and regularly used by communities of interest and engaging with new media such as websites, social networking, and texting when valuable.

STEP 3: DESIGN ACTIVITIES USING BEST PRACTICE STRATEGIES (6)

6. Foster Capacity:

Foster both individual and organization leadership - provide opportunities to lead, provide training or other support through one-time or sustained activities.

ENGAGING WITH COMMUNITY PARTNERS

Using Existing
Resources

Virginia's Public Health System

Potential Partners for Community Engagement

Transit



Schools



Healthcare Providers

Corrections



Fire



Nursing Homes



Drug Treatment

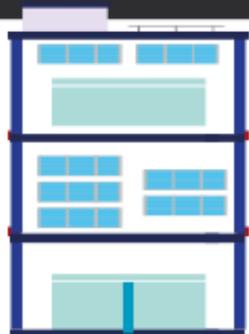


Community Centers

Law Enforcement



Public Health Agencies



Civic Groups



Elected Officials



Employers



Home Health



Faith Institutions

GETTING YOUR MESSAGE OUT TO PARTNERS...

(1)

One-on-One Conversations

- One-on-one relationships are at the heart of community engagement, and begin with these conversations.
- Reaching out via phone or in-person may be the best option to get these conversations started.

GETTING YOUR MESSAGE OUT TO PARTNERS...

(2)

Writing / Written Materials

- Brochures, fact sheets, slide sets, e-mail, newsletters, articles, blog posts, social media, newspaper articles, etc.
- YOUR CONTACT INFORMATION

GETTING YOUR MESSAGE OUT TO PARTNERS...

(3)

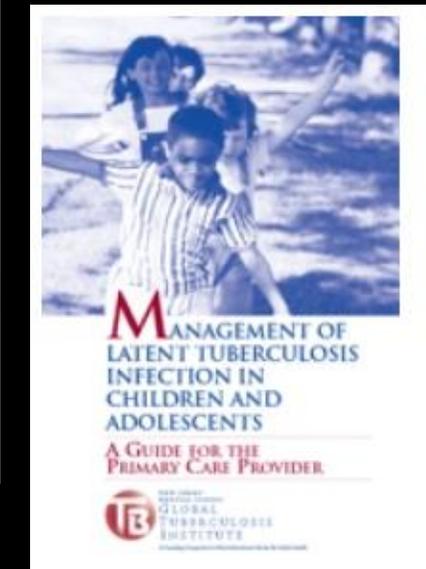
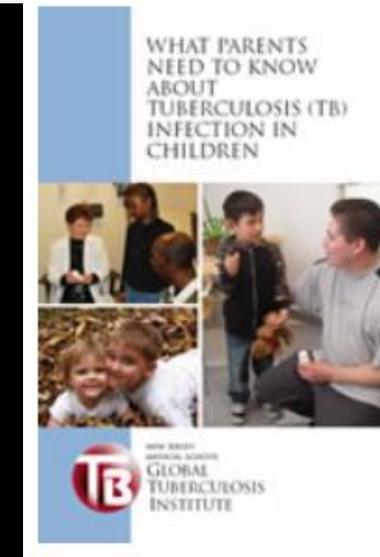
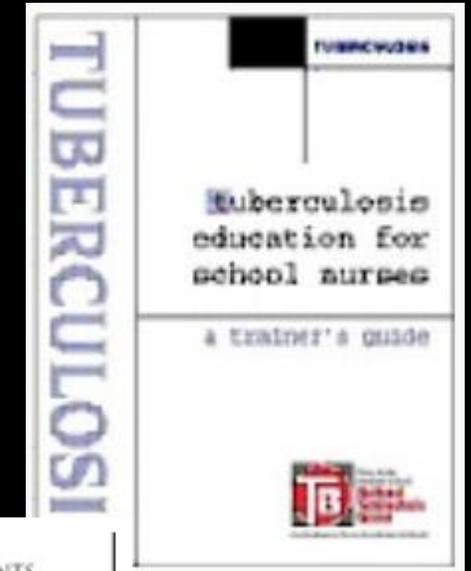
Public Speaking

- Some community organizations look for speakers, with others you will need to ask for an invitation.
- When potential partners hear you speak, they get a direct and tangible sense of the issues, and you are able to engage their questions and dispel misconceptions.

SCHOOLS

New Jersey Medical School Global TB Center

- TB Handbook for School Nurses
- TB Education for School Nurses: A Trainer's Guide
- Treatment of TB: Standard Therapy for Active Disease in Children
- Management of LTBI in Children and Adolescents
- What Parents Need to Know about TB Infection in Children (English & Spanish)
- <http://globaltb.njms.rutgers.edu/educationalmaterials/productlist.php>



SCHOOLS (2)

Centers for Disease Control and Prevention

- Questions and answers about TB
- <https://www.cdc.gov/tb/topic/treatment/children.htm>

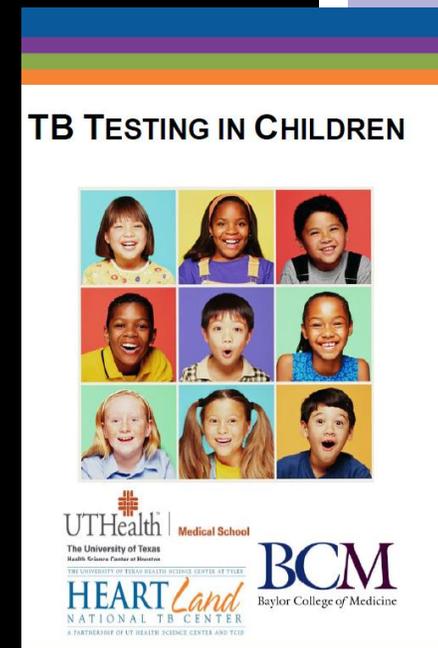
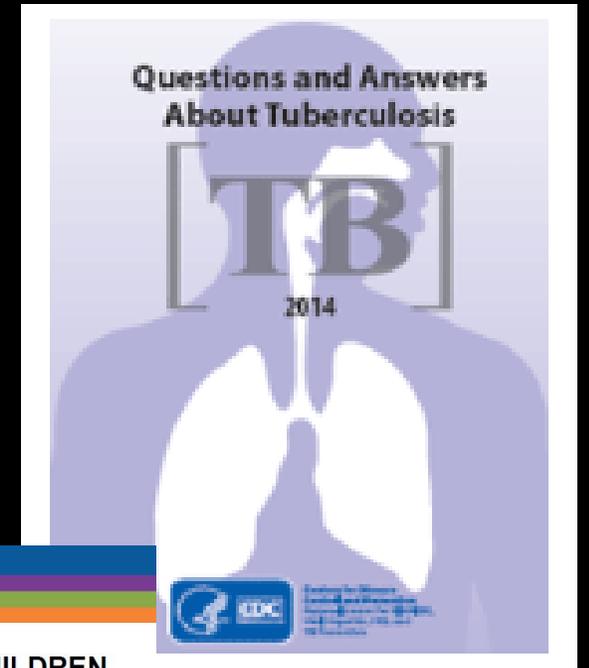
Heartland National TB Center

- TB Testing in Children
- <http://www.heartlandntbc.org/products/>

California School Nurses Organization

(Modifications would be needed for Virginia)

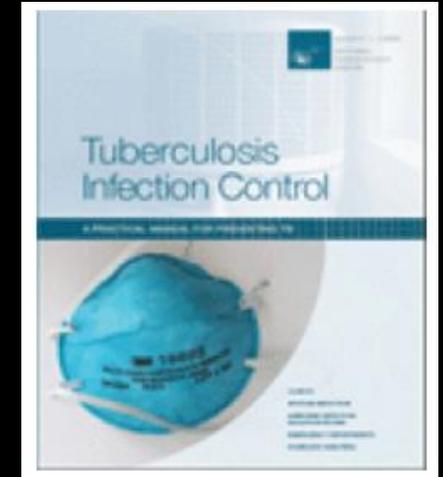
- <https://www.csno.org/school-nurse-resources.html>



HOSPITALS / HEALTHCARE FACILITIES (1)

Curry International TB Center

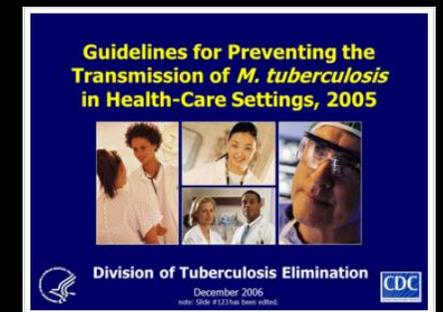
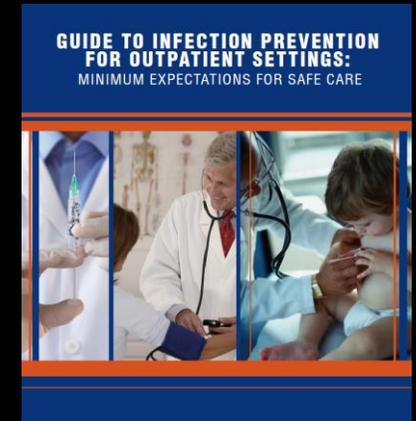
- Practical Solutions for TB Infection Control: Infectiousness and Isolation.
 - 60 MINUTE Flash Presentation
- Tuberculosis Infection Control: A Practical Manual for Preventing TB
- Staying Safe: Preventing TB Transmission in Health Care Facilities
 - On demand Webinar
 - <http://www.currytbcenter.ucsf.edu/products>



HOSPITALS / HEALTHCARE FACILITIES (2)

Centers for Disease Control and Prevention

- Guide to Infection Prevention for Outpatient Settings
 - <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>
- Guidelines for Preventing the Transmission of *M. tuberculosis* in Health-Care Settings
 - <https://www.cdc.gov/tb/publications/slidesets/infectionguidelines/default.htm>



CORRECTIONS

Centers for Disease Control and Prevention

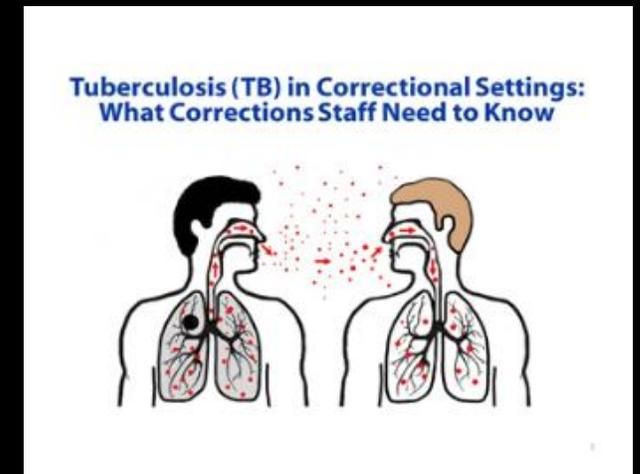
- Slide Set — TB in Correctional Settings: What Corrections Staff Need to Know
- Slide Set—Prevention and Control of Tuberculosis in Correctional and Detention Facilities
 - <https://www.cdc.gov/tb/topic/populations/correctional/default.htm>

Southeastern National TB Center

- Arresting TB: Understanding the Culture of Corrections
 - <https://sntc.medicine.ufl.edu/home/index#/webinars/10>

National TB Controllers Association

- CorrectTB – list of resources
 - <http://www.tbcontrollers.org/resources/correcttb/#.W5wG0GBI1eh>



HOMELESS SHELTERS

Curry International TB Center

- Shelters and TB: What Staff Need to Know, Second Edition
- Homelessness and TB Toolkit
 - The toolkit contains guidelines, forms, signs, educational materials, and other resources collected from many sources in the United States and Canada. The forms are presented as templates that can be modified or edited.
- <http://www.currytbcenter.ucsf.edu/products>

New Jersey Medical School Global TB Center

- TB Among the Homeless: Dealing with Unique Challenges
- <http://globaltb.njms.rutgers.edu/educationalmaterials/aa/2012d.php>



MATERIALS FOR LTBI

LTBI RESOURCES ONLINE HUB

One-stop shop for resources, materials, and links to latent TB infection materials

The screenshot shows the CDC website's Tuberculosis (TB) page. At the top, the CDC logo and tagline "Centers for Disease Control and Prevention" are visible, along with a search bar and a "CDC A-Z INDEX" dropdown. The main heading is "Tuberculosis (TB)". A left sidebar lists various categories with expandable plus signs: Tuberculosis, Basic TB Facts, Personal Stories, Testing & Diagnosis, Treatment, Drug-Resistant TB, Research, Infection Control, TB in Specific Populations, Laboratory Information, Data & Statistics, Professional Resources & Tools, Publications & Products, Events, World TB Day, Links, and About Us. The main content area is titled "Latent Tuberculosis Infection Resources" and includes social media icons for Facebook, Twitter, and a plus sign. Below this is a large banner image with the text "LATENT TB INFECTION" overlaid on a photo of two men in a clinical setting. The page is divided into two columns of content. The left column is titled "Targeted Testing Recommendations" and lists "CDC Guidance" with four bullet points: "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection", "Latent Tuberculosis Infection: A Guide for Primary Health Care Providers", "LTBI: Guide for Diagnosis and Treatment Mobile Application for Health Care Providers", and "Targeted Tuberculosis (TB) Testing and Treatment of Latent TB Infection (slide set)". Below this is an "Additional Resources" section. The right column is titled "CDC Resources for USPSTF Recommendations" and lists four bullet points: "CDC Messages and Resources", "USPSTF LTBI Recommendation: Statement from Dr. Phillip LoBue, Director, CDC's Division of Tuberculosis Elimination", "Matte Articles" (with two sub-bullets: "Health Care Providers Critical in Expanded Effort to End TB in the U.S. (Health Care Providers)" and "Ending Tuberculosis Requires Focus on Prevention (General Public)"), and "USPSTF Recommendation Statement: Screening for Latent Tuberculosis Infection (LTBI) in Adults (slide set)".

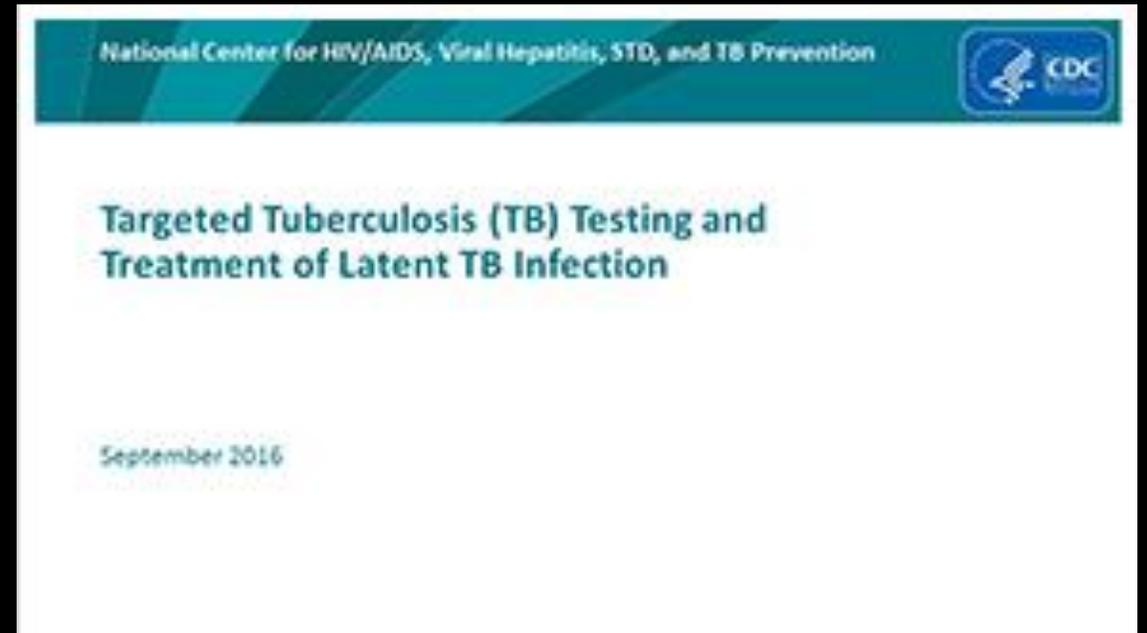
<http://www.cdc.gov/tb/publications/ltbi/ltbiresources.htm>

TARGETED TUBERCULOSIS (TB) TESTING AND TREATMENT OF LATENT TB INFECTION SLIDE SET

Download and customize for outreach and education activities

Contains information on:

- Risk factors
- Testing and test selection
- Diagnosis and treatment regimens
- Case studies



LATENT TB INFECTION RESOURCES FOR CLINICIANS

Latent TB Infection: A Guide for Primary Health Care Providers

Medscape Expert Commentary



CDC Expert Commentary
Philip LoBue, MD, FACP, FCCP



Latent Tuberculosis Infection:



A Guide for Primary Health Care Providers



TRAINING RESOURCES

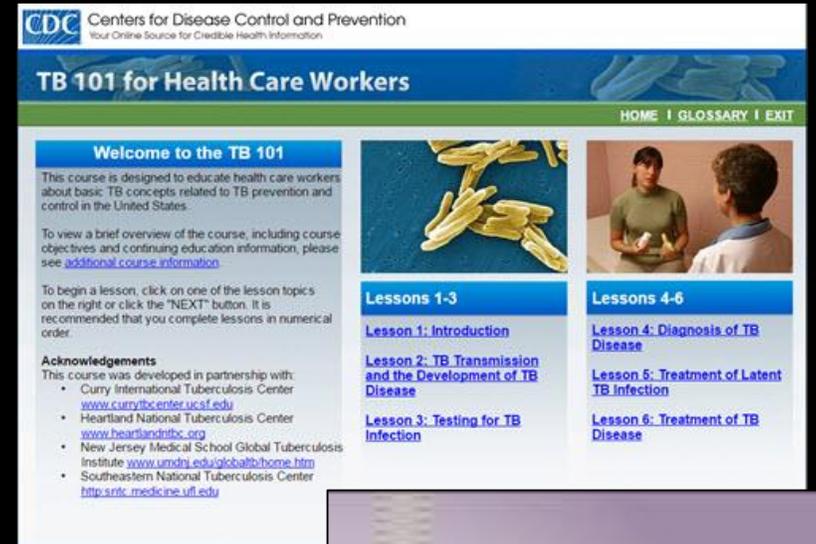
TB 101 for Health Care Workers
(available in Spanish)

Interactive Core Curriculum on TB:
What the Clinician Should Know

Self-Study Modules

Find TB Resources

TB Centers of Excellence for Training,
Education, and Medical Consultation



The screenshot shows the homepage of the CDC's TB 101 for Health Care Workers course. At the top, the CDC logo and tagline "Your Online Source for Credible Health Information" are visible. Below this, the course title "TB 101 for Health Care Workers" is displayed in a blue banner, with navigation links for "HOME", "GLOSSARY", and "EXIT". A "Welcome to the TB 101" section provides an overview of the course and instructions on how to begin. A "Lessons 1-3" section lists "Lesson 1: Introduction", "Lesson 2: TB Transmission and the Development of TB Disease", and "Lesson 3: Testing for TB Infection". A "Lessons 4-6" section lists "Lesson 4: Diagnosis of TB Disease", "Lesson 5: Treatment of Latent TB Infection", and "Lesson 6: Treatment of TB Disease". An "Acknowledgements" section lists partner organizations like the Curry International Tuberculosis Center and Heartland National Tuberculosis Center.



The image shows the cover of a self-study module. The title is "Module 3: Targeted Testing and the Diagnosis of Latent Tuberculosis Infection and Tuberculosis Disease". The cover features several small images: a person holding a test result, a person in a lab coat, and a person sitting at a desk. The CDC logo is in the bottom right corner.

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CE: Tuberculosis: A New Screening Recommendation and an Expanded Approach to Elimination in the United States.

Parmer, John PhD, MS; Allen, Leeanna MPH, BS; Walton, Wanda PhD, MEd

AJN, American Journal of Nursing: *Post Author Corrections*: July 12, 2017
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Abstract

A review of risk assessment, testing, and treatment.

Nurses play a critical role in the diagnosis and treatment of tuberculosis and in the prevention of tuberculosis transmission through infection control practices. To eliminate tuberculosis in the United States, however, an expanded approach to testing and treating people with latent tuberculosis infection must be implemented. Recently, the U.S. Preventive Services Task Force (USPSTF) issued a new recommendation statement on latent tuberculosis infection testing that expands nurses' opportunities to identify at-risk populations for tuberculosis prevention. In combination with newer testing methodologies and shorter treatment regimens, implementation of the USPSTF recommendation has the potential to remove previously existing barriers to screening and treatment of both patients and health care providers. This article provides a general overview of tuberculosis transmission, pathogenesis, and epidemiology; presents preventive care recommendations for targeted testing among high-risk groups; and discusses the USPSTF recommendation's applicability to public health and primary care practice in the United States.

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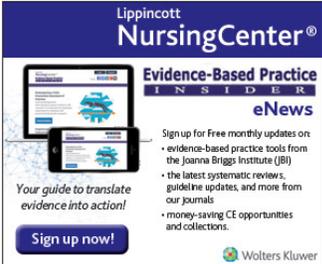
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Article Keywords

**UPDATED 3HP GUIDANCE FOR LATENT TB
INFECTION**

WHAT'S IN THE NEW GUIDANCE?

CDC updated the recommendations in three major areas:

- use of 3HP in persons 2-11 years old;
- use of 3HP in persons living with HIV/AIDS, and
- use of 3HP by self-administration.



KEY MESSAGES

Treatment of latent TB infection is essential to controlling and eliminating TB in the U.S. because it substantially reduces the risk that latent TB infection will progress to TB disease.

The U.S. Centers for Disease Control and Prevention (CDC) has updated the recommendations for use of once-weekly isoniazid-rifapentine for 12 weeks (3HP) for treatment of latent TB infection.

The 3HP regimen has the potential to remove existing barriers to treatment for both patients and providers by offering practical advantages such as a shorter timeframe, and the option to self-administer in some individuals.

NEW RESOURCES FOR CLINICIANS

Updated Guidelines

FAQ for Healthcare Providers

FAQ for Pharmacists

Provider Fact Sheet



Tuberculosis (TB)

Tuberculosis

Basic TB Facts



Personal Stories



Testing & Diagnosis



Treatment



Drug-Resistant TB

Research



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Latent Tuberculosis Infection Resources



Targeted Testing and Treatment Recommendations

CDC Guidance

- [Update on Recommendations for Use of Once-weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium Tuberculosis* Infection](#)
- [Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection](#)
- [Latent TB Infection Testing and Treatment: Summary of U.S. Recommendations](#)
- [Latent Tuberculosis Infection: A Guide for Primary Health Care Providers](#)
- [Targeted Tuberculosis \(TB\) Testing and Treatment of Latent TB Infection \(slide set\)](#)

Additional Resources

- [USPSTF Latent Tuberculosis Infection: Screening Recommendation](#)
- [The Journal of the American Medical Association \(JAMA\)](#)
- [Bright Futures Recommendations for Pediatric Preventive Health Care](#)

CDC Resources for USPSTF Recommendations

- [American Journal of Nursing: Tuberculosis: A New Screening Recommendation and an Expanded Approach to Elimination in the United States](#)
 - [AJN Behind the Article podcast](#)
- [Video: 5 Things to Know About TB](#)
- [CDC Messages and Resources](#) [PDF - 592 KB]
- [USPSTF LTBI Recommendation: Statement from Dr. Phillip LoBue, Director, CDC's Division of Tuberculosis Elimination](#)
- [Sample Communication Templates for Partners](#)
 - [Health Care Providers Critical in Expanded Effort to End TB in the U.S. \(Health Care Providers\)](#)
 - [Ending Tuberculosis Requires Focus on Prevention \(General Public\)](#)
- [USPSTF Recommendation Statement: Screening for Latent Tuberculosis Infection \(LTBI\) in Adults \(slide set\)](#)
- [Huffington Post: The End Game – Eliminating Tuberculosis In America by NCHHSTP Director Dr. Jonathan Mermin](#)
- [CDC Medscape Commentary: New Recommendations to Support Latent Tuberculosis Testing](#)
- [The Lancet Infectious Diseases: Latent TB infection: the final frontier of TB elimination in the USA](#)

BRAINSTORM:

Where might you direct community engagement efforts?

What approach could you take?

How will you sustain the relationship?



THANK YOU

